FORM 1	STATEM	STATEMENT OF					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL	FINANCIAL INTERESTS					
LAST NAME - FIRST NAME - MIDD Staruk, Cayce	LE NAME:		es Survin				
MAILING ADDRESS:	- J		19.JUN289110840 SIJE Lee Co F				
Cape Come Fi	33990 Lee		/ R882				
School Distric	984						
NAME OF AGENCY: Ellmentay Principal							
NAME OF OFFICE OR POSITION HE	LD OR SOUGHT:		_ 8e 				
You are not limited to the space on the i	ines on this form. Attach additional sho OR NEW EMPLOYEE OF	1 1 6/1	11 ²				
**** <u>BOTH</u> PARTS OF THIS SECTION <u>MUST</u> BE COMPLETED ****							
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):							
DECEMBER 31, 2	018 <u>OR</u> 🗆 SPECI	FY TAX YEAR IF OTHER THA	AN THE CALENDAR YEAR:	_			
MANNER OF CALCULATING REPORTABLE INTERESTS: FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):							
COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS							
PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")							
NAME OF SOURCE OF INCOME		SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY			
School District of Le	Cary 2855 Colonia	1 Block Fort Myers	in 33966 School	Distric			
				\dashv			
				_			
PART B — SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")							
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES ADDRESS OF BUSINESS' INCOME OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	1			
Mre							
PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (if you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this form are				
None			located at the bottom of page 2				
			INSTRUCTIONS on who must fil this form and how to fill it out begin on page 3.				

PART D — INTANGIBLE PERSONAL PROPERTY (Sto (If you have nothing to report, write "non	ocks, bonds, certificates	s of deposit, etc See ins	structions]			
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
Mre						
PART E — LIABILITIES [Major debts - See instruction: (If you have nothing to report, write "non-	s] e" or "n <i>l</i> a"}					
NAME OF CREDITOR	ADDRESS OF CREDITOR					
None						
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	" or "n/a")	is in certain types of bus	inesses - See instructions]			
NAME OF BUSINESS ENTITY	I WH		SOUNDO ENTITY #2			
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY			•			
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST		_				
PART G — TRAINING For elected municipal officers required to complete annual ethics training pursuent to section 112.3142, F.S.						
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.						
IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
SIGNATURE OF FILER:		CPA or ATTORNEY SIGNATURE ONLY				
Signature:		If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:				
Caya St. Date Signed:		I, , prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.				
Date Signed: の みつ 19		CPA/Attorney Signature:				
		Date Signed:				
FILING INSTRUCTIONS:		-				
16						

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: *initially*, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

Stank 623 SE 17th Ter. Cape Gral, 1233993

19JUN28AM0835 SOE Lee Co F1

Supervisor of Elections

TING CICE WAY IN

THE RESERVE THE SECOND

PO Box 2545 Ft. Hyur, Ft 33902

N#114114-2000E